COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER
PHARMA 100

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought of the invention entitled:

METHODS OF TREATING LEUKEMIA

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(if applicable)
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(if applicable).
(if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as-amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim priority benefits under Title 35, United States Code, §119 of the following United States Provisional Application and of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

COUNTRY (if PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119		
United States	60/126,734	March 29, 1999	■ YES □ NO		
United States	60/126,813	March 30, 1999	■ YES □ NO		
	·		□ YES □ NO		

Combined Declaration For Patent Application and Power of Attorney (Continued) (Includes Reference to PCT International Applications)							ATTORNEY'S DOCKET NUMBER PHARMA 100			
	designating the not disclosed acknowledge th	United States in that/those e duty to disc	of America that prior application lose material info	is/are listed be n(s) in the ma ormation as de	elow and, insofar inner provided by fined in Title 37,	United States applias the subject mate the first paragra Code of Federal Real filing date of the	tter of each ph of Title legulations,	of the 35, U §1.56	claims of this ap	oplication is de. §112. I
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POWER OF ATTORNEY: As a named inventor, I hereby appoint I. William Millen (19,544); John L. White (17,746); Anthony J. Zelano (27,969); Alan E.J. Branigan (20,565); John R. Moses (24,983); Harry B. Shubin (32,004); Brion P. Heaney (32,542); Richard J. Traverso (30,595); John A. Sopp (33,103); Richard M. Lebovitz (37,067); John H. Thomas (33,460); Catherine M. Joyce (40,668); James T. Moore (35,619), James E. Ruland (40,921), Nancy Axelrod (44,014) and Jennifer J. Branigan (37,432) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.								Richard J. 668);		
	Send Correspo	2	MILLEN, WHIT Arlington Courth 2200 Clarendon I Arlington, Virgin	ouse Plaza I, S Boulevard	& BRANIGAN, I Suite 1400	P.C. Tel	ephone No. 703/243-63	33		ephone Calls to: /813-5325
	• • •		, , ,				·			•
	FULL NAME OF INVENTOR	OF INVENTOR			FIRST GIVEN NAME			SECOND GIVEN NAME		
2	Gourdeau				Henriette			COUNTRY OF CITIZENSHIP		
0	RESIDENCE & CITIZENSHIP	Montreal			STATE OR FOREIGN COUNTRY Canada			Canada		
	POST OFFICE ADDRESS	STREET 3821 Hampton			CITY #G Montreal QC H#A 2K7			STATE & ZIP GODE/COUNTRY Canada		
_	FULL NAME OF INVENTOR	FAMILY NAME Giles			FIRST GIVEN NAME Francis			SECOND GIVEN NAME J.		
0	RESIDENCE & CITY			STATE OR FOREIGN COUNTRY			COUNTRY OF CITIZENSHIP			
2	CITIZENSHIP				Texas			United States of America		
	POST OFFICE ADDRESS	STREET 1515 Holcombe Boulevard, Rm.			CITY Houston			STATE & ZIP CODE/COUNTRY Texas 77030		
,	FULL NAME OF INVENTOR	B8-4324 .			FIRST GIVEN NAME			SECOND GIVEN NAME		
2 0 3	RESIDENCE & CITIZENSHIP	CITY			STATE OR FOREIGN COUNTRY			COUNTRY OF CITIZENSHIP		
	POST OFFICE ADDRESS	STREET			СІТҮ			STATE & ZIP CODE/COUNTRY		
2 0 4	FULL NAME OF INVENTOR	FAMILY NAME			FIRST GIVEN NAME			SECOND GIVEN NAME		
	RESIDENCE & CITIZENSHIP	СПҮ			STATE OR FOREIGN COUNTRY			COUNTRY OF CITIZENSHIP		
	POST OFFICE	STREET			CITY			STATE & ZIP CODE/COUNTRY .		

ATTORNEY'S DOCKET NUMBER Combined Declaration for Patent Application and Power of Attorney (Continued) (Includes Reference to PCT International Applications) PHARMA 100 **FULL NAME FAMILY NAME** FIRST GIVEN NAME SECOND GIVEN NAME OF INVENTOR 2 0 STATE OR FOREIGN COUNTRY RESIDENCE & CITY COUNTRY OF CITIZENSHIP CITIZENSHIP 5 POST OFFICE CITY STREET STATE & ZIP CODE/COUNTRY ADDRESS **FULL NAME FAMILY NAME** FIRST GIVEN NAME SECOND GIVEN NAME OF INVENTOR 2 RESIDENCE & STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP 0 CITIZENSHIP 6 POST OFFICE STREET . STATE & ZIP CODE/COUNTRY ADDRESS **FULL NAME FAMILY NAME** FIRST GIVEN NAME SECOND GIVEN NAME OF INVENTOR 2 RESIDENCE & STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP 0 CITIZENSHIP 7 POST OFFICE STREET STATE & ZIP CODE/COUNTRY ADDRESS **FULL NAME FAMILY NAME** FIRST GIVEN NAME SECOND GIVEN NAME OF INVENTOR 2 RESIDENCE & STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP 0 CITIZENSHIP 8 STATE & ZIP CODE/COUNTRY POST OFFICE STREET ADDRESS SECOND GIVEN NAME FULL NAME **FAMILY NAME** FIRST GIVEN NAME OF INVENTOR 2 **RESIDENCE &** CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP 0 CITIZENSHIP 9 POST OFFICE STATE & ZIP CODE/COUNTRY STREET ADDRESS **FULL NAME** FIRST GIVEN NAME SECOND GIVEN NAME OF INVENTOR 2 RESIDENCE & STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP 1 CITIZENSHIP 0 POST OFFICE STATE & ZIP CODE/COUNTRY STREET **ADDRESS** I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon. SIGNATURE OF INVENTOR DATE SIGNATURE OF INVENTOR DATE 207 · Gowide an 5 mai 2000 SIGNATURE OF INVENTOR SIGNATURE OF INVENTOR DATE 208 DATE SIGNATURE OF INVENTOR 209 DATE SIGNATURE OF INVENTOR 203 SIGNATURE OF INVENTOR 204 DATE SIGNATURE OF INVENTOR 210 SIGNATURE OF INVENTOR SIGNATURE OF INVENTOR 205 SIGNATURE OF INVENTOR SIGNATURE OF INVENTOR

COMBINED DECLARATION FOR PAILOT APPLICATION AND POWER OF ATLORNEY Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER PHARMA 100

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first plural names are listed below) of	and sole inventor (if only one name is the subject matter which is claimed and	listed below) or an original, first for which a patent is sought of t	and joint inventor (if he invention entitled:			
	METHODS OF TREATING					
the specification of which (check	k only one item below):					
□ is attached hereto.	□ is attached hereto.					
was filed as United S	tates application	•				
Serial No. <u>09/536,4</u>	59					
on <u>March 28, 2000</u>	<u>. </u>		· ·			
and was amended						
on <u>March 28, 2000</u>)	(if ap	plicable).			
□ was filed as PCT inte	rnational application					
Number		·				
on			,			
and was amended und	ler PCT Article 19	•	·			
on		(if applica	ble).			
I hereby state that I have review amended by any amendment refe	ved and understand the contents of the a certed to above.	above-identified specification, inc	cluding the claims, as			
	e information which is material to the pa	atentability of this application in a	accordance with Title			
37, Code of Federal Regulations	s, §1.56(a).		٠.			
I hereby claim priority benefits u	nder Title 35, United States Code, §119	of the following United States Pr	ovisional Application			
one country other than the Unite	for patent or inventor's certificate or of d States of America listed below and ha	any PC1 international application(live also identified below any fore	ign application(s) for			
patent or inventor's certificate of	or any PCT international application(s)	designating at least one country	other than the United			
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	IGN/PCT APPLICATION(S) AND ANY PRIC					
COUNTRY (if PCT, indicate *PCT*)	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119			
United States	. 60/126,734	March 29, 1999	E YES O NO			
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ـــ د از از ا Combined Declaration For Patent Application and Power of Attorney (Continued) ATTORNEY'S DOCKET NUMBER (Includes Reference to PCT International Applications) PHARMA 100 I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application: U.S. APPLICATION NUMBER U.S. FILING DATE PATENTED PENDING ABANDONED **U.S. SERIAL NUMBERS** PCT APPLICATION NO. PCT FILING DATE ASSIGNED (if any) POWER OF ATTORNEY: As a named inventor, I hereby appoint I. William Millen (19,544); John L. White (17,746); Anthony J. Zelano (27,969); Alan E.J. Branigan (20,565); John R. Moses (24,983); Harry B. Shubin (32,004); Brion P. Heaney (32,542); Richard J. Traverso (30,595); John A. Sopp (33,103); Richard M. Lebovitz (37,067); John H. Thomas (33,460); Cafferine M. Joyce (40,668); James T. Moore (35,619), James E. Ruland (40,921), Nancy Axelrod (44,014) and Jennifer J. Branigan (37,432) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. Send Correspondence to: MILLEN, WHITE, ZELANO & BRANIGAN, P.C. Telephone No. Direct Telephone Calls to: Arlington Courthouse Plaza I, Suite 1400 703/243-6333 703/813-5325 2200 Clarendon Boulevard • ... Arlington, Virginia 22201 Ball College on a **FULL NAME** FAMILY NAME FIRST GIVEN NAME SECOND GIVEN NAME OF INVENTOR Gourdeau Henriette 0 RESIDENCE & CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP CITIZENSHIP Canada 1 Montreal Canada POST OFFICE STREET STATE & ZIP CODE/COUNTRY ADDRESS 3821 Hampton Montreal QC H2A 2K7 FULL NAME FAMILY NAME FIRST GIVEN NAME SECOND GIVEN NAME OF INVENTOR Giles Francis 2 0 RESIDENCE & CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP CITIZENSHIP 2 Houston Texas United States of America STATE & ZIP CODE/COUNTRY POST OFFICE STREET CITY ADDRESS 1515 Holcombe Boulevard, Rm. Texas 77030 Houston B8-4324 FULL NAME FAMILY NAME FIRST GIVEN NAME SECOND GIVEN NAME OF INVENTOR 2 0 RESIDENCE & STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP CITIZENSHIP 3 POST OFFICE STREET STATE & ZIP CODE/COUNTRY

FIRST GIVEN NAME

STATE OR FOREIGN COUNTRY

SECOND GIVEN NAME

COUNTRY OF CITIZENSHIP

STATE & ZIP CODE/COUNTRY

ADDRESS FULL NAME

OF INVENTOR

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Combined Declaration for Patent Application and Power of Attorney (Continued) ATTORNEY'S DOCK PHARMA 100							ATTORNEY'S DOCKET NUMBER PHARMA 100		
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	POST OFFICE ADDRESS	STREET	CITY	· .		CODE/COUNTRY			
	I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.								
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